

Sample Application Packet Cover Letter
Agency Letter Head

Agency Address

Phone Number

Fax Number

E-mail address

RE: Applicant Name

SSN:

DOB:

Date:

Dear SSA Representative

I am currently assisting Client Name with his/her application for disability benefit using the SOAR method. The Protective filing date was set on Date and the SSA-1696 was mailed to SSA the same day.

The completed SSA 16/SS-3368 was submitted online on Date. Enclosed in this packet is 827, 8000, 3373, and 3369. *(include any other SSA Forms if applicable to your applicants specific history)*

I will forward his/her medical summary report to DDS when I receive a bar code. All other records can be obtained from: (

If you have any questions, please do not hesitate to call Your Name, Credential, SOAR Representative, at phone number or email email address.

Typed Name and Credential or SOAR Case Manager